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1. Continued Access & Product Availability.

The Medical Subcommittee recommends that the CCB ensure that medical patients on the Registry have uninterrupted access to cannabis products as Vermont incorporates the adult-use marketplace. Ultimately, the Medical Subcommittee recommends that the CCB develop of baseline of products that the existing medical dispensaries must maintain and make available to medical patients. The VCTA has committed to ensuring medical patients' access to cannabis products and will maintain a minimum 3-month supply of biomass for their patients based on the average of the previous 3 months of sales.

The Medical Subcommittee recommends the CCB work with the VCTA to collect data on sales, inventory and demand in 2022 to develop and update the required reserves for biomass and, ultimately, the required reserves for baseline products for medical patients.



- 2. Remove the "bona fide health care professional-patient relationship" requirement (18 V.S.A. §4472(1)(A))
- 3. Remove the "patient designation of dispensary" requirement (18 V.S.A. §4472h(a))
- 4. Remove the caregiver fingerprinting requirement (7 V.S.A. §954(b)(2))



- 5. Public Awareness
- 6. Remove the 3 Person Requirement
- 7. Expand the definition of "debilitating medical condition" (18 V.S.A. §4472(4))
- 8. Exempt certain conditions from annual renewal requirement (18 V.S.A. § 4474a)



- 9. Expand definition of "possession limit" and purchase caps (18 VSA §4472(14) and 18 V.S.A. § 4474e)
- 10. Reciprocity
- 11. Remove application fee for patients (18 V.S.A. § 4474a)
- 12. Re-define and expand "registered caregiver" (18 VSA §4472(16))



- a) Six registered patients appointed with the intent to create an inclusive and diverse advisory entity, chosen by the CCB from a list of volunteers from the registry. Criteria should include, but not be limited to, geographical location, socio-economic status, and medical need.
- b) Three registered caregivers chosen with the intent to create an inclusive and diverse advisory entity, chosen by the CCB from a list of volunteers from the registry. Criteria should include, but not be limited to, geographical location, socio-economic status, and medical need.
- c) Two licensed health care professionals with knowledge of using cannabis for symptom relief appointed by the CCB from lists provided by the Board of Medical Practice and the Office of Professional Regulation.
- d) One licensed cultivator with expertise in medical strains appointed by the CCB from a list provided by a Vermont cannabis cultivation advocacy organization.



- a) Meeting at least six times per year for the purpose of evaluating public input and making recommendations to the Cannabis Control Board regarding:
 - the ability of patients and registered caregivers in all areas of the State to obtain timely, affordable, and safe access to cannabis for symptom relief;
 - the effectiveness of the Vermont Medical Cannabis registry and the licensed dispensaries individually and together in serving the needs of qualifying patients and registered caregivers, including the provision of educational and support services; and
 - recommendations to the CCB on best practices in administration of the medical cannabis program.
- b) With the help of the CCB, identify how best to leverage any excess or carry-over funds obtained from licensing, fees or government appropriation to improve services and products provided, or to reduce costs to registered patients.



CCB Mission and Vision Statement

Medical Program Services. The Board will ensure that patients and caregivers maintain a continuity of access to the existing medical program services and will endeavor to reduce the regulatory burden impacting patients and caregivers, increase the safety and affordability of the medical program, ensure that medical cannabis meets quality standards, and facilitate the development of educational programs for health care professionals.

